



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
Department of Agricultural Resources
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax 617-626-1850 www.Mass.gov/AGR



MITT ROMNEY
Governor

ELLEN ROY HERZFELDER
Secretary

KERRY HEALEY
Lieutenant Governor

DOUGLAS P. GILLESPIE
Commissioner

APPLICATION FOR AGENT LICENSE

PLEASE ANSWER ALL AREAS IN FULL
Name: _____
Street Address: _____
Mailing Address (if different) _____
City/Town, State, Zip Code: _____
Telephone Number: _____
FILL APPLICABLE AREAS
If CORPORATION : Identify corporate officers: President: _____ Vice President: _____
If PARTNERSHIP : Identify all partners: Name: _____ Name: _____
If sole PROPRIETOR , identify any name you are doing business as: NAME: _____
Number of Massachusetts Outlets: _____ IF MULTIPLE OUTLETS, PLEASE ATTACH ADDRESSES OF EACH MASSACHUSETTS OUTLET.

Mail application with \$70.00 per outlet – made payable to “COMMONWEALTH OF MASSACHUSETTS”

**TO: MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES
BUREAU OF PLANT INDUSTRIES
251 CAUSEWAY ST., SUITE 500
BOSTON, MA 02114**

ATTENTION: PHYLLIS

(over)

LIST OF SUPPLIERS
NURSERY NAME AND LOCATION

ALL APPLICANTS APPLYING FOR ANY STATE LICENSE MUST CERTIFY TO THE FOLLOWING:

I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes: and

I certify under the pains and penalties of perjury that the requirements pursuant to M.G.L. Chapter 152, Workman's Compensation have been complied with:

PRINT NAME:

Signature by its authorized representative

Title:_____

SOCIAL SECURITY# _____ - _____ - _____ OR

FEDERAL ID # _____

DATE:_____